

# The TB Challenge

## "Partnering to Eliminate TB in African Americans"

A Newsletter from the Division of Tuberculosis Elimination, Field Services and Evaluation Branch

Fall 2003



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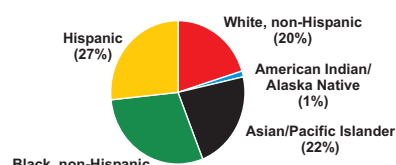
### TB in African Americans: Data from the 2002 Surveillance Reports

Zachary Taylor, M.D., Chief, Field Services and Evaluation Branch

Black, non-Hispanic persons continue to have a disproportionate share of TB cases in the United States. In 2002, 4,439 cases of TB occurred in black, non-Hispanic persons. This represents 30% of all cases. The rate of TB in blacks is 12.6 cases per 100,000 population, compared to 1.5 cases per 100,000 population in white, non-Hispanic persons, resulting in a black:white rate ratio of 8.4.

The proportion of TB cases in African Americans is even greater if only TB cases occurring in US-born persons are examined. In 2002, there were 7,296 cases reported in US-born persons, 48% of all TB cases reported in the US. Of those cases in US-born persons, 3,387 occurred in black, non-Hispanic persons, representing 47% of all US-born cases.

Reported TB Cases by Race/Ethnicity  
United States, 2002



Although rates of TB in both blacks and whites have declined substantially over the past decade, the disparity remains and is the legacy of poverty, racism, and poor access to care. To close the gap, increased efforts must be made to eliminate TB in African Americans in the United States.

### William "Bill" Burley

In Memory of  
William "Bill"  
Burley  
Public Health  
Advisor

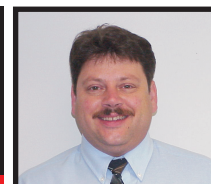


This newsletter is dedicated to William "Bill" Burley. Bill served from 1984 to 1996 at CDC in the Division of Tuberculosis Elimination as a program consultant. During Bill's career in public health, he helped all of us to better understand the underserved and the often forgotten; he constantly pushed all of us toward a better understanding of health disparities and inequalities. Bill succumbed to leukemia in 1996, but his memory remains with us, and his life's work is a legacy to us all.



### ACET and CDC Cosponsor Consultation- -TB in America: Disparities in the Southeast

H. David Crowder, Section Chief, Field Operations Section 1



The Advisory Council for the Elimination of Tuberculosis (ACET) and the Centers for Disease Control and Prevention (CDC) cosponsored a consultation with national non-governmental African-American organizations and agencies whose programs could have an impact on TB control efforts in the African-American population. This was an initial step in addressing the disparities between the tuberculosis (TB) case rates of African Americans and those of other US-born racial/ethnic groups in the Southeastern United States. The consultation was intended to raise awareness about the disparity, solicit support for eliminating TB in US-born African Americans, and develop recommendations for accelerating the decline in TB rates among US-born African Americans in the Southeastern states.

The consultation, entitled "TB in America: Disparities in the Southeast," was held on May 13 and 14, 2003, at the Sheraton Colony Square Hotel in Atlanta. Approximately 40 people attended this consultation (not including observers from CDC). The participants comprised a diverse group that included academicians, health care providers,

public health leaders, policy and decision-makers, religious and community leaders, state and local health department representatives, and others representing a broad spectrum of views.

The first day of this consultation provided participants with an overview of the TB problem and more specific information about TB in African Americans. On the second day, participants were assigned to small breakout groups and asked to develop specific recommendations for accelerating the decline in TB rates among US-born African Americans in the Southeastern states.

During the breakout sessions the participants were asked a number of predetermined questions that covered several major topics, including level of community TB knowledge, how to increase awareness of the TB problem, how to mobilize community resources, and how to enhance relationships between TB control programs and African-American communities in order to improve TB elimination activities.

The discussion groups identified a number of unmet needs and provided important comments and specific recommendations for activities that will raise awareness and stimulate actions in order to address and reduce TB in racial/ethnic minorities. The needs identified included heightening awareness; forming a national advocacy group; reducing the stigma associated with TB; educating the public and policy makers with fact sheets to influence political will; designing culturally appropriate educational materials; better educating the medical community and legislators, including the Congressional Black Caucus, about TB and health disparities in racial/ethnic populations; and addressing the private-provider disconnect. The recommendations from the discussion groups can be found below.

#### Recommendations

- Send TB experts to communities and community organizations to speak about the problem and what we can do about it.
- Use a number of venues to get the message out, including public service announcements, billboards, former patients, National Minority Health Education Network, media resources that have a largely African-American audience, direct person-to-person (even



# The Social and Cultural Dimensions of Health-Seeking Behaviors

Joseph Kinney, Project Director, South Carolina Department of Health and Environmental Control



In August 2002, the South Carolina Department of Health and Environmental Control (DHEC) received supplemental CDC funding designated for “Intensification of TB Prevention, Control, and Elimination Activities in African-American Communities in the Southeastern United States.” South Carolina recognized that to intensify and target activities toward US-born African-Americans, and to accelerate the decline and elimination of tuberculosis, it was necessary to examine the social and cultural dimensions of health-seeking behaviors as shaped by knowledge, beliefs, and values and their associations with TB health delivery systems.

A retrospective study was done by the University of South Carolina, Institute for Families in Society, to identify the knowledge, beliefs, and values of African Americans diagnosed with or at risk for TB in the Northeast Corridor of South Carolina. Fifty-two face-to-face interviews of patients were completed and twenty key informant interviews were completed with community and governmental stakeholders.

In summary, the **socioeconomic factors** (a strong association between poverty, rural residence, lower educational attainment, unemployment, and lack of access to health care) serve as determinants in tuberculosis cases. Disparities between African Americans with tuberculosis and other racial groups place this group at higher risk for poor health outcomes and for nonadherence to treatment. The data suggest that the elimination of tuberculosis may be achieved only through an effort that addresses these factors with local networking and public-private partnerships.

When the **clinical/biomedical factors** are examined within the context of the socioeconomic findings, they suggest a possible association between these two factors and the identification and treatment of tuberculosis. As an example, low educational levels play a role in the inability of patients to understand the treatment of tuberculosis. A TB nurse or physician may misinterpret patients not following instructions as “noncompliance.” Yet, the reason may be the lack of understanding of the terms, unfamiliarity with medical systems, or the inability to read the materials provided as reinforcement for clinical visits.

The **lack of funding** to address tuberculosis educational and outreach efforts may contribute to the perception within the African-American community that TB is not important or is no longer a public health priority.

The preliminary **cultural factors** identified suggest the need for careful attention to the training of nurses and related personnel working with tuberculosis, with increased emphasis on patient education through the use of culturally appropriate materials that foster cross-cultural communication between patients and providers. Stigma and the legacy of relationships in the South cannot be ignored - - TB is a disease that has traditionally been associated with issues of disparity.

Several recommendations and a summary recommendation are as follows:

- Develop and implement an awareness and educational campaign to 1) raise levels of information and awareness about tuberculosis disparities; 2) promote changes in consumer behaviors to foster best health practices and improve quality of life; and 3) encourage and promote culturally based and culturally competent health care practices and interventions by health care providers.
- Involve and use the community more effectively. Include minorities in key roles where significant minority input may be missing and needed.
  - Reinforce collaborative efforts to build partnerships with agencies, community groups, and faith-based organizations.
- Develop and reinforce multidisciplinary approaches to TB management.
  - Establish linking and contract arrangements with other health department professionals, i.e., health educators, nutritionists, social workers.
- Expand the use of current resources by
  - Facilitating greater use of minority and mainstream media to educate and report on TB health care issues.

We believe these steps will enhance the identification, adherence, and treatment of tuberculosis among African Americans in South Carolina.

## Associate Director for Health Disparities Named

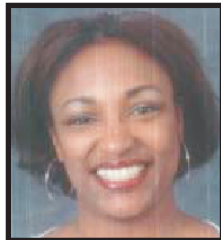
Hazel D. Dean, Sc.D., M.P.H., is the new Associate Director for Health Disparities in the Office of the Director, National Center for HIV, STD, and TB Prevention (NCHSTP). Dr. Dean has worked in the NCHSTP's Division of HIV/AIDS Prevention for 11 years. Since February 2003, she has served as supervisor of the Research and Dissemination Team in the HIV Incidence and Case Surveillance Branch. Dr. Dean has contributed significantly to efforts to develop strategies for using HIV surveillance and other scientific data to guide HIV prevention and care program planning at the local, territorial, and state levels and has contributed to methods to describe the HIV epidemic in minority and other underserved populations. Dr. Dean has authored or co-authored a host of scientific articles in peer-reviewed journals and written reports and book chapters on HIV/AIDS among racial and ethnic minorities and incarcerated populations. She serves on CDC, departmental, and national advisory work groups and committees; she has received numerous national awards for her work and for enhancement of diversity in the workplace. Dr. Dean received her bachelor's degree in biology from Spelman College, and her master's degree in public health in international/health/biostatistics and doctorate of science degree in biostatistics from Tulane University.



## ACET and CDC Cosponsor (Cont.)

- door-to-door) education, and local gathering points (churches, shelters, emergency rooms, liquor stores).
- Seek out and partner with the private sector, CBOs, and other organizations that serve the African-American community.
  - Involve public school systems and form partnerships with historically black institutions of higher learning. Health departments should strive to ensure that the racial/ethnic composition of their staff is similar to that in the communities.
  - Place TB on the Secretary's Health Disparities Report and on the agenda of the American Public Health Association conference.
  - CDC should improve or establish relationships with a variety of organizations such as the National Medical Association, the Black Women's Project, and African-American fraternities and sororities.
  - Improve the relationships between health departments and African-American communities. TB programs must acquire a better understanding of black culture, maintain a level of respect for the individual, evaluate and improve community access to TB services, and create more community coalitions.

## New Team Leader



Gail Burns Grant was recently selected for a Team Leader position in DTBE/FSEB. As Team Leader in the Field Operations Section I, Ms. Grant is primarily responsible for providing

assistance and guidance for TB project areas in the Southeastern United States and for providing TB project oversight to the states of Georgia and South Carolina and the city of Chicago--all recipients of TB federal grant funds targeted to intensify TB prevention, control, and elimination activities in African-American communities.

### Minority Health Resources:

Visit the CDC web page at [www.cdc.gov](http://www.cdc.gov), click on Health Topics and select M to view announcements, upcoming conferences, meetings, trainings, reports, publications, and other minority health-related resources.

### CONTACT US ...

If you have story ideas or articles to share, or would like to provide comments, please e-mail Gail Burns Grant at [gab2@cdc.gov](mailto:gab2@cdc.gov) or call 404 639-8126.

To add/delete someone on our mailing list, please contact Vivian Siler, Management & Program Analyst, DTBE/FSEB, by e-mail at [vas6@cdc.gov](mailto:vas6@cdc.gov) or 404 639-5319.